Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Americas PAC	
	C C00559906
Check if X 24-hour report 48-hour report New report Amends report filed	on May / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Great Eastern Radio	M   M   / D   D   / Y   Y   Y   Y
Mailing Address 106 North Main Street	10 29 2014 Amount
City State Zip Code	1280.00
New Lebanon NH 03784	Transaction ID : SE.4366  Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type	10 21 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
JEANNE SHAHEEN Oppose	President State: NH State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Great Eastern Radio	10 29 2014
Mailing Address 106 North Main Street	29 2014
100 100 11 11 11 11 11 11 11 11 11 11 11	Amount
City State Zip Code	1640.00
New Lebanon NH 03784	Transaction ID : SE.4367 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/	M M / D D / Y Y Y Y
Type	10 21 2014
Name of Federal Candidate Support Offic	e Sought: X House District: 02
ANN MCLANE KUSTER Oppose	President Senate State: NH
Calendar Year-To-Date Disb	ursement For: Primary X General
Per Election for Office Sought 8720.00	
(a) SUBTOTAL of Itemized Independent Expenditures	2920.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 1 4 1 1 4 1 4 1
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Tom Donelson	M / D D / Y Y Y
[Electronically Filed] Date	0 29 2014
Signature	

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 2 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Americas PAC	C C00559906
Check if 24-hour report 48-hour report New report A	Amends report filed on
Full Name of Payee i Heart Media New Hampshire	Date of Public Distribution/Dissemination
Mailing Address 195 McGregor St.	10 29 2014 Amount
011	1740.00
City State Zip Code  Manchester NH 03102	Transaction ID : SE.4364
Purpose of Expenditure Media Placement  Category Type	
Name of Federal Candidate	Support Office Sought: X House District: 02
ANN MCLANE KUSTER	Oppose President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 3020.00	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
i Heart Media New Hampshire	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 195 McGregor St.	Amount
City State Zip Code	e 1740.00
Manchester NH 03102	Transaction ID : SE.4365  Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category Type	ry/
Name of Federal Candidate	Support Office Sought: House District: 00
SCOTT P BROWN	Oppose President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 8740.	0.00 Disbursement For: Primary General Other (specify) ▶
<del></del>	
(a) SUBTOTAL of Itemized Independent Expenditures	3480.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Tom Donelson [Electronically Filed]	d] Date 10 29 2014
Signature	

Schedule E)	VI EXI EN	JII OI LE	PAGE 3 OF 6 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	₹ ▼
Americas PAC			C C00559906	
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on	Y
Full Name of Payee			Date of Public Distribution/Disseminatio	n
WEMJ			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 20 Park Plaza			Amount	
Suite 220	01-1-	7'- O. d.	2000	
City Boston	State MA	Zip Code 02116	2200.0 Transaction ID : SE.4369	0
Purpose of Expenditure Media Placement		Category/ Type	Date of Disbursement or Obligation	Y
Name of Federal Candidate		0	Office Sought: House District: 00	<u> </u>
JEANNE SHAHEEN		Support  Oppose	Office Sought: House District: 00	
Calendar Year-To-Date Per Election for Office Sought	7	10940.00	Disbursement For: Primary	eral
Full Name of Payee	_		Date of Public Distribution/Dissemination	n
WLNH			10 29 2014	
Mailing Address 20 Park Plaza			Amount	
City	State	Zip Code	3200.00	
Boston	MA	02116	Transaction ID : SE.4373  Date of Disbursement or Obligation	
Purpose of Expenditure Media Placement		Category/ Type	10 / D D / Y Y Y Y 2014	Y
Name of Federal Candidate		Support	Office Sought: X House District: 0	2
ANN MCLANE KUSTER		X Oppose	President Senate State: NH	1
Calendar Year-To-Date Per Election for Office Sought	7	11920.00	Disbursement For: ☐ Primary ☐ General Other (specify) ▶	eral
(a) SUBTOTAL of Itemized Independent Expenditu	res		. ▶ 5400.00	
(b) SUBTOTAL of Unitemized Independent Expendent	litures		-	
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize			
Tom Donelson Signature	[Electro	nically Filed] Date	10 29 7 2014	
3.3				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Americas PAC	C C00559906
Check if 24-hour report 48-hour report New report Amends	report filed on / / Y Y Y Y Y
Full Name of Payee WNHW	Date of Public Distribution/Dissemination
	10 29 2014
Mailing Address 20 Park Plaza	Amount
City State Zip Code	4060.00
Boston MA 02116	Transaction ID : SE.4376  Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type	M 10 / 21 / Y 2014
Name of Federal Candidate Suppo	ort Office Sought: X House District: 02
ANN MCLANE KUSTER Oppos	ee President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 7080.00	Disbursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
WNNH	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20 Park Plaza	Amount
City State Zip Code	2450.00
Boston MA 02116	Transaction ID : SE.4368  Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type	10 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
JEANNE SHAHEEN Oppos	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	
(4) 332 13 112 3 1301123 11304 11311 2143 1131 1131	301880
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······· •
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
	Date 10 29 2014
Signature	

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	INDENT EXPENDI	TOTILO		PAGE 5 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Americas PAC				C C00559906
Check if 24-hour report 48-hour re	eport New repo	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee WOKQ/Townsquare Media				of Public Distribution/Dissemination
Mailing Address 292 Middle Road				10 29 2014
Walling Address 292 Mildale Road			Amoun	ut
City	State	Zip Code		5600.00
Dover	NH	03820		action ID : SE.4361 If Disbursement or Obligation
Purpose of Expenditure Media Purchase		Category/ Type	М	10 / 17 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
SCOTT P BROWN		Oppose	Preside	NII I
Calendar Year-To-Date Per Election for Office Sought	7	5600.00	Disbursement 2014 Ott	For: Primary
Full Name of Payee			Date o	of Public Distribution/Dissemination
WPKQ				10 29 2014
Mailing Address 292 Middle Road			Amour	nt
City	State	Zip Code		1280.00
Dover	NH	03820		ction ID : SE.4362 of Disbursement or Obligation
Purpose of Expenditure Media Placement		Category/ Type	M	10 17 2014
Name of Federal Candidate		Support	Office Sought	t: X House District: 02
ANN MCLANE KUSTER		X Oppose	Preside	NI⊔
Calendar Year-To-Date Per Election for Office Sought		1280.00	Disbursement 2014	
1 51 2.50.5.1 15. 5.1.5. 2.2.5.1			Ot	ther (specify)
(a) SUBTOTAL of Itemized Independent E	expenditures		•	6880.00
(b) SUBTOTAL of Unitemized Independen	t Expenditures		•	
(c) TOTAL Independent Expenditures			. •	
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized			
Tom Donelson	[Flectron	ically Filed] Date	M M /	20 / Y Y Y Y Y
Signature	Electioni	Date	9 10	29 2014

Schedule E)	T EXI END	TTOTILO		PAGE 6 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Americas PAC				C C00559906
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
WSHK				0 29 / 2014
Mailing Address 292 Middle Road			Amoun	t
City	State	Zip Code		1400.00
Dover	NH	03820		ction ID : SE.4363 Disbursement or Obligation
Purpose of Expenditure Media Purchase		Category/ Type		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought:	House District:00
SCOTT P BROWN		Oppose	Presider	Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	, , ,	7000.00	Disbursement 2014 Oth	For: Primary X General er (specify) ►
Full Name of Payee			Date of	Public Distribution/Dissemination
WXLF				10 29 / 2014
Mailing Address 20 Park Plaza			Amoun	t
City	State	Zip Code		3280.00
Boston	MA	02116		tion ID : SE.4372 f Disbursement or Obligation
Purpose of Expenditure Media Placement		Category/ Type		0 21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 02
ANN MCLANE KUSTER		Oppose	Presider	nt Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 7	15200.00	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			4680.00
#\\ <b>QUIDTOT!</b>				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		• •	7 7
(c) TOTAL Independent Expenditures			•	29870.00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Tom Donelson	[Electron	nically Filed] Date	10	29 / 2014
Signature				